TOI AVAILABLE COPY

Effective October 1, 2000												103
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE OF			OR	OTHER THAN	
TOTAL CLAIMS			56				RA	TE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			分 Gminus 20=		· 36		X\$ 9=		-	OR	X\$18=	Gup
INDEPENDENT CLAIMS			€ _{minus 3 =}		· 3		X40=			OR	X80=	240
MULTIPLE DEPENDENT CLAIM PRESENT							+13	35=		OR	+270=	
* If the difference in column 1 is less th				an zero, enter "0" in column 2			TOTAL		OR	TOTAL	149	
CLAIMS AS AMENDED - PART II											OTHER	F &
		(Column 2)			(Column 3)	SM	SMALL ENTITY		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE	: <u>-</u> -	RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=	X\$ 9:	9=			X\$18=	* ,
	Independent	*	Minus	***	F. CL. ALBA		X4	0=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	
							T(ADDIT.	DTAL		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						_	, ,,		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	ATATION OF M	Minus	***	CLAINA	=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR						+13	5=		OR	+270=	·
							TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	·
		(Column 1)		(Colu		(Column 3)						2
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* .	Minus	**		=	X\$:	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			070	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er found in th	ne app	ropriate box	in co	lumn 1.	

Application or Docket Number